

MEDICAID HOME AND COMMUNITY-BASED SERVICES (HCBS) ~ PROGRAM COMPARISON CHART

| | III & Handicapped | Elderly | AIDS/HIV | Intellectual Disability | Brain Injury | Physical Disability |
|--|--|---|---|--|---|---|
| Age | Under Age 65 | Age 65 or Older | No Age Limit | No Age Limit | Age 1 Month through Age 64 | Age 18 through Age 64 |
| Target Population | <ul style="list-style-type: none"> Disabled SSI-related coverage groups | <ul style="list-style-type: none"> Age 65 or over | <ul style="list-style-type: none"> Diagnosis of AIDS/HIV by a physician | <ul style="list-style-type: none"> Primary disability of mental retardation as determined by a psychologist or psychiatrist | <ul style="list-style-type: none"> Diagnosis of brain injury per Iowa Administrative Code (IAC) 83 definitions | <ul style="list-style-type: none"> Have a physical disability as determined by Disability Determination Services |
| Consumer Application for Services | Local DHS Income Maintenance Office | | | | | |
| Determination of Financial Eligibility | DHS Income Maintenance | | | | | |
| Determination/Redetermination of Level of Care Eligibility | Iowa Medicaid Enterprise (IME) Medical Services Completed at least once every 12 months or when there is a significant change in the person's situation or condition | | | | | |
| Level of Care (LOC) Required | NF, SNF, or ICF/MR | NF or SNF | NF or HOSPITAL | ICF/MR | NF, SNF, or ICF/MR | NF or SNF |
| | NF (Nursing Facility), SNF (Skilled Nursing Facility), ICF/MR (Intermediate Care Facility for the Mentally Retarded) | | | | | |
| Service Coordination | <ul style="list-style-type: none"> DHS Service Worker | <ul style="list-style-type: none"> Approved Case Management Provider | <ul style="list-style-type: none"> DHS Service Worker or Medicaid Case Manager | <ul style="list-style-type: none"> Initial: DHS Service Worker or Medicaid case manager Ongoing: Medicaid Case Manager | <ul style="list-style-type: none"> Medicaid Case Manager | <ul style="list-style-type: none"> DHS Service Worker or Medicaid Case Manager |
| Service Plan | Completed annually by the service coordinator | | | | | |
| Initial Date of Eligibility | Waiver eligibility begins on the date when the following three eligibility requirements are completed: financial (income & resource) eligibility is determined, level of care is established, and service plan is approved. Waiver services provided before approval of eligibility for the waiver cannot be paid. | | | | | |
| Maximum Dollars Available Per Month (As determined by Level of Care) | <ul style="list-style-type: none"> NF - \$904 SNF - \$2631 ICF/MR - \$3203 | <ul style="list-style-type: none"> NF - \$1117 SNF - \$2631 | <ul style="list-style-type: none"> \$1,751 | <ul style="list-style-type: none"> ICF/MR - Amount based on services upper limit \$321.80 7/1/11 | <ul style="list-style-type: none"> \$2,812 | <ul style="list-style-type: none"> \$659 |
| Provider Enrollment | Agencies enroll with Iowa Medicaid Enterprise (IME) to be providers of service and are reimbursed through IME. Agencies or individual providers must be enrolled prior to service provision. | | | | | |
| HCBS Program Managers | Sue Stairs (515) 256-4641 sstairs@dhs.state.ia.us | Le Howland (515) 256-4642 mfunaro@dhs.state.ia.us | Sue Stairs (515) 256-4641 sstairs@dhs.state.ia.us | Brian Wines (515) 256-4661 bwines@dhs.state.ia.us | LeAnn Moskowitz (515) 256-4653 lmoskow@dhs.state.ia.us | Sue Stairs (515) 256-4641 sstairs@dhs.state.ia.us |
| HCBS Regional Specialists | Visit www.IME.state.ia.us/hcbs/hcbscontacts.html for a listing of Regional Specialist assignments | | | | | |
| For More Information | Visit www.IME.state.ia.us/hcbs/hcbsindex.html | | | | | |

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| Services by Program | Ill & Handicapped | Elderly | AIDS/HIV | Mental Retardation | Brain Injury | Physical Disability |
|--|-------------------|---------|----------|--------------------|--------------|---------------------|
| Adult Day Care | x | x | x | x | x | |
| Assistive Devices | | x | | | | |
| Behavioral Programming | | | | | x | |
| Case Management Services | | x | | | x | |
| Chore | | x | | | | |
| Consumer Choices Option (CCO) | x | x | x | x | x | x |
| CDAC | x | x | x | x | x | x |
| Counseling | x | | x | | | |
| Day Habilitation | | | | x | | |
| Emergency Response | x | x | | x | x | x |
| Family Counseling & Training | | | | | x | |
| Home Delivered Meals | x | x | x | | | |
| Home Health Aide | x | x | x | x | | |
| Homemaker | x | x | x | | | |
| Home/Vehicle Modifications | x | x | | x | x | x |
| Interim Medical Monitoring & Treatment (IMMT) | x | | | x | x | |
| Mental Health Outreach | | x | | | | |
| Nursing | x | x | x | x | | |
| Nutritional Counseling | x | x | | | | |
| Prevocational Services | | | | x | x | |
| Respite: Basic Individual | x | x | x | x | x | |
| Respite: Group | x | x | x | x | x | |
| Respite: Specialized | x | x | x | x | x | |
| Senior Companion | | x | | | | |
| Specialized Medical Equipment | | | | | x | x |
| Supported Community Living (SCL) | | | | x | x | |
| Supported Community Living: Residential-Based (RBSCL) for children | | | | x | | |
| Supported Employment (SE) | | | | x | x | |
| Transportation | | x | | x | x | x |